



## as Attorney or Accredited Representative

Department of Homeland Security

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)

▶ 0 6 5 8 6 1 4 8 4 8 1 8

**Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name) Juarez

2.b. Given Name (First Name) Yadira

2.c. Middle Name

**Address of Attorney or Accredited Representative**

3.a. Street Number and Name 1910 PACIFIC AVE

3.b. Apt. ☐ Ste. ☒ Flr. ☐ 8065

3.c. City or Town DALLAS

3.d. State TX 3.e. ZIP Code 75201

3.f. Province

3.g. Postal Code

3.h. Country United States

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number (855) 566-2729

5. Mobile Telephone Number (if any) (855) 566-2729

6. Email Address (if any) yadira@jmblawfirm.com

7. Fax Number (if any) (214) 960-4164

**Part 2. Eligibility Information for Attorney or Accredited Representative**

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**

Licensing Authority

NM

1.b. Bar Number (if applicable)

154151

1.c. I (select only one box) ☒ am not ☐ amsubject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

The Law Office of John M. Bray

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR 1292

2.b. Name of Recognized Organization

2.c. Date accreditation expires

(mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

**Part 3. Notice of Appearance as Attorney or Accredited Representative**

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

N-600

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)



5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box);

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

**Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

6.a. Family Name (Last Name) Guerra Quezada

6.b. Given Name (First Name) Jorge

6.c. Middle Name Antonio

7.a. Name of Entity (if applicable)

Not applicable

7.b. Title of Authorized Signatory for Entity (if applicable)

Not applicable

8. Client's USCIS Online Account Number (if any)



9. Client's Alien Registration Number (A-Number) (if any)



A-

0 9 8 1 0 2 0 9 7

**Client's Contact Information**

10. Daytime Telephone Number

(682) 716-0117

11. Mobile Telephone Number (if any)

(682) 716-0117

12. Email Address (if any)

j.a.guerra2015@gmail.com

**Mailing Address of Client**

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name

1710 WYNN TER

13.b. Apt. ☐ Ste. ☐ Flr. ☐

13.c. City or Town

ARLINGTON

13.d. State TX

13.e. ZIP Code 76010

13.f. Province

13.g. Postal Code

13.h. Country

United States

**Part 4. Client's Consent to Representation and Signature****Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

**Part 4. Client's Consent to Representation and Signature (continued)****Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send any original notice on an application or petition to the U.S. business address of my attorney or accredited representative of record as listed in this form. I understand that I may change this election at any future date through written notice to USCIS.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If the original notice contains Form I-94, Arrival-Departure Record, USCIS will send the original notice and Form I-94 to the U.S. business address of your attorney or accredited representative of record as listed in this form. If you would rather have original notices containing Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☒ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

2.a. Signature of Client or Authorized Signatory for an Entity

► Jorge Antonio Guerra Quezada

2.b. Date of Signature (mm/dd/yyyy) 12/03/2021

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1.a. Signature of Attorney or Accredited Representative

Yadira Juarez

1.b. Date of Signature (mm/dd/yyyy) 12/03/2021

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)



# Application for Certificate of Citizenship

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form N-600  
OMB No. 1615-0057  
Expires 11/30/2021

For USCIS Use Only	Date Stamp	Receipt	Action Block
	Remarks		

To be completed by an attorney or BIA-accredited representative (if any)	<input type="checkbox"/> Select this box if Form G-28 is attached to represent the applicant	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)

► **START HERE - Type or print in black ink.**

## Part 1. Information About Your Eligibility

Enter your 9 Digit A-Number

1. This application is being filed based on the fact that: (Select **only one** box)

► A- 098102097

☒ I am a BIOLOGICAL child of a U.S. citizen parent.

☐ I am an ADOPTED child of a U.S. citizen parent.

☐ Other (Explain):

**NOTE:** If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

## Part 2. Information About You

**NOTE:** Provide information about yourself if you are a person applying for the Certificate of Citizenship. **Provide information about your child** if you are a U.S. citizen parent applying for a Certificate of Citizenship for your minor child.

1. Your Current Legal Name (**do not** provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Guerra Quezada

Jorge

Antonio

2. Your Name Exactly As It Appears on Your Permanent Resident Card (if applicable)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

GUERRA QUEZADA

JORGE A

3. Other Names You Have Used Since Birth (include nicknames, aliases, and maiden name, if applicable)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Guerra

Jorge

Guerra Quezada

Jorge

4. U.S. Social Security Number (if applicable)

5. USCIS Online Account Number (if any)

► 645381647

6. Date of Birth (mm/dd/yyyy)

7. Country of Birth

02/15/1993

Mexico

8. Country of Prior Citizenship or Nationality

9. Gender

Mexico

☒ Male ☐ Female

**Part 2. Information About You (continued)**

A- 098102097

**10. Mailing Address**

In Care Of Name (if any)

Jorge Guerra Vazquez

Street Number and Name

Apt. Ste. Flr. Number

1710 WYNN TER

City or Town

State

ZIP Code + 4

ARLINGTON

TX

76010-8247

Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

United States

**11. Physical Address**Street Number and Name (Do **not** provide a PO Box in this space unless it is your **ONLY** address.) Apt. Ste. Flr. Number

City or Town

State

ZIP Code + 4

Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

**12. Current Marital Status**☒ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled☐ Other (Explain):**13. U.S. Armed Forces**

Are you a member or veteran of any branch of the U.S. Armed Forces?

☐ Yes☒ No**14. Information About Your Admission into the United States and Current Immigration Status****A. I arrived in the following manner**

Port-of-Entry

Date of Entry (mm/dd/yyyy)

Harlingen TX

02/23/2005

Exact Name Used at Time of Entry

Family Name (Last Name)

Given Name (First Name)

Middle Name

GUERRA QUEZADA

JORGE A

**B. I used the following travel document to be admitted to the United States**☐ Passport☒ Travel Document

Passport Number

Travel Document Number

USA

Date Passport or Travel Document  
Issued(mm/dd/yyyy)

02/23/2005

**Part 2. Information About You (continued)**

A- 098102097

C. My most recent immigration status in the United States was:

☐ A Lawful Permanent Resident (LPR)
 ☐ A Nonimmigrant
 ☐ A Refugee/Asylee

☒ Other (Explain): Applicant is a citizen of the United States and has been since February 23, 2005 pursuant to the Child C
**NOTE:** If you select "Other" and you need extra space to complete this section, use the space provided in **Part 11.****Additional Information**

D. I obtained LPR status through adjustment of status in the United States or admissions as a LPR (if applicable)

Date I became a LPR  
(mm/dd/yyyy)U.S. Citizenship and Immigration Services (USICS) Office That Granted My LPR  
Status or Location Where I was Admitted

15. Have you previously applied for a Certificate of Citizenship or U.S. Passport?

☐ Yes
 ☒ No
If you answered "Yes" to **Item Number 15.**, provide an explanation below. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

16. Have you ever abandoned or lost your LPR status?

☐ Yes
 ☐ No
If you answered "Yes" to **Item Number 16.**, provide an explanation below. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

17. Were you adopted?

☐ Yes
 ☒ No
If you answered "Yes" to **Item Number 17.**, complete **Items A. -D.**

A. Place of Final Adoption

City or Town

State

Country

B. Date of Adoption  
(mm/dd/yyyy)C. Date Legal Custody Began  
(mm/dd/yyyy)D. Date Physical Custody Began  
(mm/dd/yyyy)

18. Did you have to be re-adopted in the United States

☐ Yes
 ☒ No
If you answered "Yes" to **Item Number 18.**, complete **Items A. -D.**

A. Place of Final Adoption

City or Town

State

Country

B. Date of Final Adoption  
(mm/dd/yyyy)C. Date Legal Custody Began  
(mm/dd/yyyy)D. Date Physical Custody Began  
(mm/dd/yyyy)

19. Were your parents married to each other when you were born (or adopted)?

☒ Yes
 ☐ No

20. Did your parents marry after you were born?

☐ Yes
 ☒ No

21. Do you regularly reside in the United States in the legal and physical custody of your U.S. citizen parents?

☒ Yes
 ☐ No

**Part 2. Information About You (continued)**

A- 098102097

22. Have you been absent from the United States since you first arrived?

☒ Yes ☐ No

Complete the following information **only if you are claiming U.S. citizenship at the time of birth if you were born before October 10, 1952**. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**

A. Date You Left the United States  
(mm/dd/yyyy)B. Date You Returned to the  
United States (mm/dd/yyyy)

C. Place of Entry Upon Return to the United States

City or Town

State

D. Date You Left the United States  
(mm/dd/yyyy)E. Date You Returned to the  
United States (mm/dd/yyyy)

F. Place of Entry Upon Return to the United States

City or Town

State

**Part 3. Biographic Information**1. Ethnicity (Select **only one** box)☒ Hispanic or Latino ☐ Not Hispanic or Latino2. Race (Select **all applicable** boxes)☐ American Indian or Alaska Native☐ Asian☐ Native Hawaiian or Other Pacific Islander☐ Black or African American☒ White3. Height Feet  Inches 4. Weight Pounds 5. Eye color (Select **only one** box)☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/  
Other6. Hair color (Select **only one** box)☐ Bald  
(No hair) ☒ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/  
Other**Part 4. Information About Your U.S. Citizen Biological Father (or Adoptive Father)**

**NOTE:** Complete this section if you are claiming citizenship through a U.S. biological father (of adoptive father). **Provide information about yourself** if you are a U.S. citizen father applying for a Certificate of Citizenship on behalf of your minor biological or adopted child.

1. Current Legal Name of U.S. Citizen Father

Family Name (Last Name)

Given Name (First Name)

Middle Name

Guerra Vazquez

Jorge



**Part 4. Information About Your U.S. Citizen Biological Father  
(or Adoptive Father) (continued)**

A- 098102097

2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Prior Citizenship or Nationality

09/13/1972 Mexico United States

## 5. Physical Address

Street Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste. Flr. Number

1710 Wynn Terrace

City or Town

State

ZIP Code + 4

Arlington

TX

76010

Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

United States

## 6. My father is a U.S. citizen by

☐ Birth in the United States ☐ Acquisition after birth through naturalization of alien parent(s)

☒ Birth abroad to U.S. citizen parent(s)

Certificate of Citizenship Number

Alien Registration Number (A-Number) (if any)

A3676513

▶ A- 042326594

☐ Naturalization

Place of Naturalization (Name of Court or USCIS Office Location)

City or Town

State

Certificate of Naturalization Number

A-Number (if any)

Date of Naturalization (mm/dd/yyyy)

▶ A-

## 7. Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?

☐ Yes☒ NoIf you answered "Yes" to **Item Number 7.**, provide an explanation in **Part 11. Additional Information.**

## 8. Marital History

A. How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?

1

B. What is your U.S. citizen father's current marital status?

☐ Single, Never Married ☐ Married ☒ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled

☐ Other (Explain):

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**



**Part 4. Information About Your U.S. Citizen Biological Father  
(or Adoptive Father) (continued)**

A- 098102097

**9. Information About U.S. Citizen Father's Current Spouse**

<b>A.</b>	Family Name (Last Name)	Given Name (First Name)	Middle Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B.</b>	Date of Birth (mm/dd/yyyy)	<b>C.</b>	Country of Birth
	<input type="text"/>		<input type="text"/>
<b>D.</b>	Country of Prior Citizenship or Nationality		
	<input type="text"/>		
<b>E.</b>	Spouse's Physical Address		
	Street Number and Name		
	<input type="text"/>		Apt. Ste. Flr. Number
	<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	City or Town	State	ZIP Code + 4
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Province (foreign address only)	Postal Code (foreign address only)	Country (foreign address only)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>F.</b>	Date of Marriage (mm/dd/yyyy)		
	<input type="text"/>		
<b>G.</b>	Place of Marriage		
	City or Town	State	Country
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>H.</b>	Spouse's Immigration Status		
	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident		
	<input type="checkbox"/> Other (Explain) <input type="text"/>		

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

**I.** Is your U.S. citizen father's current spouse also your biological (or adopted) mother? ☐ Yes ☐ No

**Part 5. Information About Your U.S. Citizen Biological Mother (or Adoptive Mother)**

**NOTE:** Complete this section if you are claiming citizenship through a U.S. citizen biological mother (or adoptive mother). **Provide information about yourself** if you are a U.S. citizen mother applying for a Certificate of Citizenship on behalf of your minor biological or adopted child.

<b>1.</b>	Current Legal Name of U.S. Citizen Mother		
	Family Name (Last Name)	Given Name (First Name)	Middle Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2.</b>	Date of Birth (mm/dd/yyyy)	<b>3.</b>	Country of Birth
	<input type="text"/>		<input type="text"/>
		<b>4.</b>	Country of Prior Citizenship or Nationality
			<input type="text"/>

**Part 5. Information About Your U.S. Citizen Biological Mother  
(or Adoptive Mother) (continued)**

A- 098102097

**5. Physical Address**

Street Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste. Flr. Number

			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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City or Town

State

ZIP Code + 4

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Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

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**6. My mother is a U.S. citizen by**☐ Birth in the United States ☐ Acquisition after birth through naturalization of alien parent(s)☐ Birth abroad to U.S. citizen parent(s)

Certificate of Citizenship Number

Alien Registration Number (A-Number) (if any)

	► A-	
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☐ Naturalization

Place of Naturalization (Name of Court or USCIS Office Location)

--

City or Town

State

--	--

Certificate of Naturalization Number

A-Number (if any)

Date of Naturalization (mm/dd/yyyy)

	► A-		
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**7. Has your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?**☐ Yes☐ NoIf you answered "Yes" to **Item Number 7.**, provide an explanation in **Part 11. Additional Information.****8. Marital History****A.** How many times has your U.S. citizen mother been married (including annulled marriages and marriages to the same person)?

--

**B.** What is your U.S. citizen mother's current marital status?☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled☐ Other (Explain):

--

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information****9. Information About U.S. Citizen Mother's Current Spouse****A.** Family Name (Last Name)

Given Name (First Name)

Middle Name

--	--	--

**B.** Date of Birth (mm/dd/yyyy)**C.** Country of Birth

--	--

**Part 5. Information About Your U.S. Citizen Biological Mother  
(or Adoptive Mother)** (continued)

A- 098102097

**D.** Country of Prior Citizenship or Nationality**E.** Spouse's Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code + 4

Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

**F.** Date of Marriage (mm/dd/yyyy)**G.** Place of Marriage

City or Town

State

Country

**H.** Spouse's Immigration Status☐ U.S.Citizen☐ Lawful Permanent Resident☐ Other (Explain)

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

**I.** Is your U.S. citizen mother's current spouse also your biological (or adopted) father?☐ Yes☐ No**Part 6. Physical Presence in the United States From Birth Until Filing of Form N-600**

**NOTE:** Only applicants born outside the United States claiming to have been born U.S. citizens are required to provide all the dates when your U.S. citizen biological father or U.S. citizen biological mother resided in the United States. **Include all dates from your birth until the date you file your Form N-600.**

**1.** Indicate whether this information relates to your U.S. citizen father or mother☒ U.S.Citizen Father ☐ U.S.Citizen Mother**2.** Physical Presence in the United States**A.** From (mm/dd/yyyy)

To (mm/dd/yyyy)

**B.** From (mm/dd/yyyy)

To (mm/dd/yyyy)

02/15/1993

12/03/2021

**C.** From (mm/dd/yyyy)

To (mm/dd/yyyy)

**D.** From (mm/dd/yyyy)

To (mm/dd/yyyy)

**E.** From (mm/dd/yyyy)

To (mm/dd/yyyy)

**F.** From (mm/dd/yyyy)

To (mm/dd/yyyy)

**G.** From (mm/dd/yyyy)

To (mm/dd/yyyy)

**H.** From (mm/dd/yyyy)

To (mm/dd/yyyy)

**Part 7. Information About Military Service of U.S. Citizen Parents**

A- 098102097

**NOTE:** Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad.

- Has your U.S. citizen parent served in the U.S. Armed Forces? ☐ Yes ☒ No
- If you answered "Yes" to **Item Number 1.**, which parent served in the U.S. Armed Forces?  
☐ U.S.Citizen Father ☐ U.S.Citizen Mother
- Dates of Service (mm/dd/yyyy) (If time of service fulfills any of the required physical presence, submit evidence of the service.)  

<b>A.</b> From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>B.</b> From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Type of Discharge  
☐ Honorable ☐ Other than Honorable ☐ Dishonorable

**Part 8. Applicant's Statement, Contact Information, Certification, and Signature****NOTE:** Read the **Penalties** section of the Form N-600 Instructions before completing this part.***Applicant's Statement*****NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

- Applicant's Statement Regarding the Interpreter  
**A.** ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.  
**B.** ☐ The interpreter named in **Part 9.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent and I understood everything.
- Applicant's Statement Regarding the Preparer  
☐ At my request, the preparer named in **Part 10.**  Yadira Juarez prepared this application for my based only upon information I provided or authorized.

***Applicant's Contact Information***

- Applicant's Daytime Telephone Number
- Applicant's Mobile Telephone Number (if any)

 00016827160117 00016827160117

- Applicant's Email Address (if any)

 j.a.guerra2015@gmail.com***Applicant's Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

**Part 8. Applicant's Statement, Contact Information, Certification, and Signature (continued)**

A- 098102097

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign and oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

***Applicant's Signature***

6. Applicant's Signature

Date of Signature (mm/dd/yyyy)

▶ Jorge Antonio Guerra Quezada

12/03/2021

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 9. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

***Interpreter's Mailing Address***

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code + 4

Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

***Interpreter's Contact Information***

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

**Part 9. Interpreter's Contact Information, Certification, and Signature**  
(continued)

A- 098102097

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 8., Item B. in Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on this application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

 Juarez Yadira

2. Preparer's Business or Organization Name (if any)

 The Law Office of John M. Bray**Preparer's Mailing Address**

Street Number and Name

Apt. Ste. Flr. Number

 1910 Pacific Ave☐☒☐ 8065

City or Town

State

ZIP Code + 4

 Dallas TX 75201

Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

 United States**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

 8555662729 8555662729

6. Preparer's Email Address (if any)

 yadira@jmbllawfirm.com

**Part 10. Contact Information. Declaration, and Signature of the Person  
Preparing this Application, if Other Than the Applicant**

A- 098102097

***Preparer's Statement***

7. A. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- B. ☒ I am an attorney or accredited representative and my representation of the applicant in this case  
☐ extends ☒ does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative with this application

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and all that this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

8. Signature of Preparer

Date of Signature (mm/dd/yyyy)

Yadira Juarez

12/03/2021

# Electronic Form Only



**Part 11. Additional Information**

A- 098102097

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)  Given Name (First Name)  Middle Name
2. A-Number (if any) **► A-**
3.

Part Number	Item Number	Page Number	Explanation

# Electronic Form Only

**NOTE: Do not complete parts 12. and 13. unless the USCIS officer instructs you to do so at the interview.**

**Part 12. Affidavit (do NOT complete this part unless instructed to do so AT THE INTERVIEW)**

A- 098102097

I, the (applicant, parent, or legal guardian) \_\_\_\_\_ do swear or affirm, under penalty of perjury under the laws of the United States, that I know and understand the contents of this application signed by me, and the attached supplementary pages number \_\_\_\_\_ to \_\_\_\_\_ inclusive, that the same are true and correct to the best of my knowledge, and that corrections number \_\_\_\_\_ to \_\_\_\_\_ were made by me or at my request.

Applicant's, Parent's, or Legal Guardian's Signature (Sign in ink)

Date of Signature (mm/dd/yyyy)

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn or affirmed before me upon examination of the applicant (parent, legal guardian) on \_\_\_\_\_  
at \_\_\_\_\_

Date (mm/dd/yyyy)

(Location)

USCIS Officer's Printed Name

USCIS Officer's Title

\_\_\_\_\_

\_\_\_\_\_

USCIS Officer's Signature (Sign in ink)

Date of Signature (mm/dd/yyyy)

\_\_\_\_\_

\_\_\_\_\_

**Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship  
(for USCIS use ONLY)**

On the basis of the documents, records, the testimony of persons examined, and the identification upon personal appearance of the underage beneficiary, I find that all the facts and conclusions set forth under oath in this application are:

1. ☐ True and correct.
2. ☐ The applicant derived or acquired U.S. citizenship on \_\_\_\_\_  
Date (mm/dd/yyyy)
3. ☐ The applicant derived or acquired U.S. citizenship through (Select the box next to the appropriate section of law, or if the section of law is not reflected, type or print the applicable section of law in the space next to "Other.")
  - A. ☐ INA Section 301
  - B. ☐ INA Section 309
  - C. ☐ INA Section 320
  - D. ☐ INA Section 321
  - E. ☐ Other \_\_\_\_\_
4. ☐ The applicant has not been expatriated since that time

**Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship** (for USCIS use **ONLY**) (continued)

A- 098102097

I recommend that this Form N-600 be: ☐ **Approved** ☐ **Denied**

Issue Certificate of Citizenship in the Name of

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

USCIS Officer's Printed Name

USCIS Officer's Title

USCIS Officer's Signature (Sign in ink)

Date of Signature (mm/dd/yyyy)

☐ I do ☐ do not concur with the USCIS Officer's recommendation of Form N-600.

USCIS District Director's or Field Office Director's Signature (Sign in ink)

Date of Signature (mm/dd/yyyy)

Electronic  
Form  
Only

**Evidence Submitted**

File Name	Document Category
Preparer Contact Information Certification and Signature for Jorge Antonio Guerra Quezada.pdf	Other
Passport-style photo - Jorge Antonio Guerra Quezada A098-102-097.jpg	Applicant Photo
Birth certificate of Jorge Antonio Guerra Quezada A098-102-097.pdf	Identity/Travel Documents
LPR Card - Jorge Antonio Guerra Quezada A098-102-097.pdf	Identity/Travel Documents
Proof of Physical and Legal Custody - Jorge Antonio Guerra Quezada A098-102-097.pdf	Other
Certificate of Citizenship for Jorge Guerra Vazquez.pdf	Other
Birth certificate of Jorge Guerra Vazquez.pdf	Other

Electronic  
Form  
Only

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

Receipt Number IOE911529995	USCIS Online Account Number 065861484818	Case Type N600 - APPLICATION FOR A CERTIFICATE OF CITIZENSHIP
Received Date 12/03/2021	Priority Date 12/03/2021	Applicant A098 102 097 JORGE ANTONIO GUERRA QUEZADA
Notice Date 12/03/2021	Page 1 of 1	

GUERRA QUEZADA, JORGE ANTONIO  
c/o Supreme Court of New Mexico  
Supreme Court of New Mexico  
1910 PACIFIC AVENUE SUITE 8065  
DALLAS TX 75201

**Notice Type:** Receipt Notice  
**Received Amount:** \$ 1170.00 U.S.  
Paid

Thank you for submitting your application, petition, or request. Our office is currently processing it.

Please verify your personal information listed above. If you need to make any changes, immediately notify the USCIS Contact Center using the phone number below.

**Next Steps:**

- We will schedule you for an appointment at a USCIS Application Support Center (ASC) for you to provide your fingerprints, photograph and/or signature.
- We will mail you a separate biometrics appointment notice with the specific date, time, and ASC location. Please wait until you receive your appointment notice before going to the ASC.

Be advised that this notice does **NOT** serve as notification of your biometrics appointment.

If you have any questions or comments regarding this notice or the status of your case, please contact the USCIS Contact Center toll free at 1-800-375-5283. If you are hearing impaired, please call the Contact Center TDD at 1-800-767-1833.

If you have questions about immigration benefits, services, filing information, or forms, please visit our website at [www.uscis.gov](http://www.uscis.gov) or call the NCSC.

If your mailing address changes while your case is pending, please update it through your USCIS Online Account or by calling the USCIS Contact Center.

You will be notified separately about any other application, petition, or request you may have filed with us.

Please note that if a priority date appears on this notice, it does not reflect any earlier retained priority dates.

**SCANNED**

DEC 18 2021

Please see the additional information on the back. We will notify you separately about any other cases you have filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

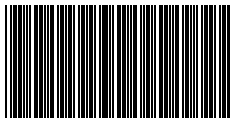
National Benefits Center  
U.S. CITIZENSHIP & IMMIGRATION SVC  
P.O. BOX 25920  
Overland Park KS 66225



USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)

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Receipt Number IOE9115299995	USCIS Online Account Number 004405850479	Case Type N600 - APPLICATION FOR A CERTIFICATE OF CITIZENSHIP
Received Date 12/03/2021	Priority Date	Applicant A098 102 097 GUERRA QUEZADA, JORGE ANTONIO
Notice Date 07/17/2023	Page 1 of 1	
JORGE ANTONIO GUERRA QUEZADA c/o JORGE GUERRA VAZQUEZ 1710 WYNN TER ARLINGTON TX 76010		<b>Please come to:</b>  6500 Campus Circle Drive East Irving, TX 75063  <b>On (Date):</b> Wednesday, August 30, 2023 <b>At (Time):</b> 09:00AM
<p>Your application for Certificate of Citizenship has been completed. Please come to the location listed above to receive your Certificate of Citizenship. The appointment will begin at the time indicated above. If you cannot keep this appointment, call the U.S. Citizenship and Immigration Services (USCIS) Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) as soon as possible to reschedule your appointment.</p> <p>If you are age 14 or older you are also required to take an Oath of Allegiance to the United States prior to the issuance of a Certificate of Citizenship. Applicants 14 or older will complete an ADMINISTRATION OF OATH at the time and place listed above.</p> <p>You must surrender your alien registration card (and any United States travel documents) at this appointment. Bring this notice, your alien registration card (and travel documents), and if your alien registration card was issued more than ten years ago, recent legal photo identification (i.e. a driver's license or passport) to the appointment. Please be advised, proper identification is also required to enter the building.</p> <p>To request a disability accommodation, go to <a href="http://www.uscis.gov/accommodations">www.uscis.gov/accommodations</a> or call the USCIS Contact Center at as soon as possible, <b>even if you indicated on your application that you require an accommodation.</b></p> <p>For questions about your application, you can use our many online tools (<a href="http://uscis.gov/tools">uscis.gov/tools</a>) including our virtual assistant, Emma. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center by visiting <a href="http://uscis.gov/contactcenter">uscis.gov/contactcenter</a>.</p>		
Please see the additional information on the back. You will be notified separately about any other cases you filed.		
USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <a href="https://www.uscis.gov/file-online">https://www.uscis.gov/file-online</a> .		
DALLAS TX FIELD OFFICE U.S. CITIZENSHIP & IMMIGRATION SVC 6500 CAMPUS CIRCLE DRIVE EAST IRVING TX 75063  USCIS Contact Center: <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a>	A Number 	Receipt Number 